



PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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|  | ·                         | · · · · · ·   | Application Number   |     | 10/584,026-Conf. #6996   |  |  |  |  |
|--|---------------------------|---|----------------------|-----|--|--|--|--|--|
| TRANSMITTAL<br>FORM                                      |                           |   | Filing Date          |     | June 21, 2006  |  |  |  |  |
|  |                           |   | First Named Inventor |     | Domencio La Forgia   |  |  |  |  |
|  |                           |   | Art Unit             |     | 1751   |  |  |  |  |
| (to be used for all correspondence after initial filing) |                           |   | Examiner Name        |     | Not Yet Assigned   |  |  |  |  |
| Total Number of Pages in This Submission                 |                           |   | Attorney Docket Numb | er  | 18628-232562   |  |  |  |  |
| ENCLOSURES (Check all that apply)                        |                           |   |                      |     |  |  |  |  |  |
| X Fee Trans  | mittal Form               | Drawing(s)  |                      |     | After Allowance Communication to TC                            |  |  |  |  |
| Fee Attached   |                           | Licensing-related Papers  |                      |     | Appeal Communication to Board of Appeals and Interferences     |  |  |  |  |
| Amendmer   | nt/Reply                  | Petition  |                      |     | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |  |
| After  | Final                     | Petition to Convert to a Provisional Application                  |                      |     | Proprietary Information  |  |  |  |  |
| Affidavits/declaration(s)                                |                           | Power of Attorney, Revocation<br>Change of Correspondence Address |                      |     | Status Letter  |  |  |  |  |
| Extension of Time Request                                |                           | Terminal Disclaimer   |                      |     | Other Enclosure(s) (please identify below):                    |  |  |  |  |
| Express Abandonment Request                              |                           | Request for Refund  |                      | F   | Power of Attorney (6 sheets)                                   |  |  |  |  |
| Information Disclosure Statement                         |                           | CD, Number of CD(s)   |                      |     |  |  |  |  |  |
| Certified Copy of Priority Document(s)                   |                           | Landscape Table on CD   |                      |     |  |  |  |  |  |
| Reply to Missing Parts/<br>Incomplete Application        |                           | Remarks   |                      |     |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53         |                           |   |                      |     |  |  |  |  |  |
|  |                           |   |                      |     |  |  |  |  |  |
|  |                           |   |                      |     |  |  |  |  |  |
| Firm Name  |                           | URE OF APPLICA  | ANT, ATTORNEY, OF    | R A | GENT   |  |  |  |  |
|  | VENABLE LLP               |   |                      |     |  |  |  |  |  |
| Signature  | Mhart                     | be  |                      |     |  |  |  |  |  |
| Printed name   | Michael A. Sartori, Ph.D. |   |                      |     |  |  |  |  |  |
| Date   | October 10, 2007          |   | Reg. No.             |     | 11 289   |  |  |  |  |

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| Effort   | Complete if Known |                          |                  |   |              |                             |                       |              |  |  |  |  |
|--|-------------------|--------------------------|------------------|---|--------------|-----------------------------|-----------------------|--------------|--|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL               |                   |                          |                  | Application Num                           | nber         | 10/584,026-C                | 0/584,026-Conf. #6996 |              |  |  |  |  |
|  |                   |                          |                  | Filing Date Ju                            |              | June 21, 2006               |                       |              |  |  |  |  |
| For FY 2008  |                   |                          |                  | First Named Inventor D                    |              | Domencio La Forgia          |                       |              |  |  |  |  |
| For  | Examiner Name     |                          | Not Yet Assigned |   |              |                             |                       |              |  |  |  |  |
| X Applicant claims small entity status. See 37 CFR 1.27  |                   |                          |                  | Art Unit                                  |              | 1751                        |                       |              |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00  |                   |                          |                  | Attorney Docket                           | 18628-232562 | 28-232562                   |                       |              |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):  |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP                      |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee                |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| Charge any additional fee(s) or underpayments of Fee(s) under 37 CFR 1.16 and 1.17                     |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| FEE CALCULATION  |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| 1. BASIC FILING, SEARC   | CH, AND EXAM      | INATION FEES             | •                |   |              |                             |                       |              |  |  |  |  |
|  |                   | G FEES                   | SE               | ARCH FEES                                 | EXAMI        | NATION FEES<br>Small Entity | <b>;</b>              |              |  |  |  |  |
| Application Type   | Fee (\$)          | Small Entity<br>Fee (\$) | Fee (\$          | Small Entity Fee (\$)                     | Fee (\$)     |                             | Fees P                | aid (\$)     |  |  |  |  |
| Utility  | 310               | 155                      | 510              | 255                                       | 210          | 105                         |                       |              |  |  |  |  |
| Design   | 210               | 105                      | 100              | 50  | 130          | 65                          |                       |              |  |  |  |  |
| Plant  | 210               | 105                      | 310              | 155                                       | 160          | 80                          |                       |              |  |  |  |  |
| Reissue  | 310               | 155                      | 510              | 255                                       | 620          | 310                         |                       |              |  |  |  |  |
| Provisional  | 210               | 105                      | 0                | 0   | 0            | 0                           |                       |              |  |  |  |  |
| 2. EXCESS CLAIM FEES   |                   | ŧ į                      |                  | 1   |              |                             | _                     | Small Entity |  |  |  |  |
| Fee Description  |                   | <u>Fee (\$)</u><br>50    | Fee (\$)         |   |              |                             |                       |              |  |  |  |  |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)            |                   |                          |                  |   |              |                             |                       | 25<br>105    |  |  |  |  |
| Multiple dependent claim   | •                 | g Keissues)              |                  |   |              |                             | 210<br>370            | 185          |  |  |  |  |
| 1 ' '  |                   | ee (\$)                  | Fee i            | Paid (\$)                                 | N            | Multiple Depend             |                       | 105          |  |  |  |  |
| Total Grainis Lxti   | x                 | = 1001                   |                  |   |              |                             | Fee Paid (\$)         | 1            |  |  |  |  |
| HP = highest number of total of  |                   | eater than 20.           |                  |   | <del></del>  | <del></del>                 |                       |              |  |  |  |  |
| Indep. Claims Extr   | a Claims F        | ee (\$)                  | Fee I            | Paid (\$)                                 |              | <del></del>                 |                       | _            |  |  |  |  |
| HP = highest number of indep   | X                 |                          | ······           |   |              |                             |                       |              |  |  |  |  |
| 1  | •                 | ior, ir greater than t   | 3.               |   |              |                             |                       |              |  |  |  |  |
| 3. APPLICATION SIZE FI   |                   | d 100 sheets of          | naner            | (excluding electr                         | onically f   | iled sequence or            | r computer            |              |  |  |  |  |
| listings under 37 CFI  | R 1.52(e)), the a | application size         | fee du           | ie is \$260 (\$130 f                      |              |                             |                       | ı            |  |  |  |  |
| sheets or fraction the   | reof. See 35 U    |                          | -                |   |              |                             |                       |              |  |  |  |  |
|  | Extra Sheets      |                          |                  | dditional 50 or frac<br>round up to a who |              |                             | Fee P                 | aid (\$)     |  |  |  |  |
| - 100 =  | ) x               | Food Poid (\$)           |                  |   |              |                             |                       |              |  |  |  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)                       |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
| Other (e.g., late filing surcharge):   |                   |                          |                  |   |              |                             |                       |              |  |  |  |  |
|  |                   | 1                        |                  |   |              |                             |                       |              |  |  |  |  |
| SUBMITTED BY Signature   | hulkth            | ·<br>2 —                 | _                | Registration No.                          | 41,289       | Telephone                   | (202) 344             | 1-4004       |  |  |  |  |
| Name (Print/Type) Michael A. Sartori, Ph.D. : i.   |                   |                          |                  |   |              | Date                        |                       |              |  |  |  |  |
| THO TAG  | 🔾 🗆               |                          |                  |   |              |                             | 30.0001 1             | -,           |  |  |  |  |